

- 1) Patient Care skills
- 2) Medical Knowledge
- 3) Interpersonal and Communication skills
- 4) Professionalism
- 5) Practice-Based Learning and Improvement
- 6) System –Based Practice

## RESIDENT LEVELS OF CARE

### PSYCHOSOMATIC MEDICINE (PG V)

<b>Clinical Diagnosis and Management</b>	<b>Clinical Non-Invasive Management</b>
<p><i>A. To develop an in-depth understanding of the interrelationship between bio-psychosocial factors and medical illness. (1,2,6)</i></p> <p><i>B. To understand the various functions of an interdisciplinary team in the treatment and management of a patient. (1,2,6)</i></p> <p><i>C. To educate non-psychiatric staff, house officers, nurses, social workers, psychologists and medical students about the psychiatric disorders and psychological complications commonly seen in patients with medical and surgical illness.</i></p> <p><i>D. To develop in each fellow the discipline for precise clinical Observation.</i></p> <p><i>E. To develop in each fellow an appetite for clinical research in the vast area of consultation-liaison psychiatry.</i></p> <p><i>F. To train clinical and academic leaders in psychosomatic medicine.</i></p> <p><i>G. To introduce the fellow to the organizational and administrative skills necessary to work within the financial, personnel, and political realities of a general hospital.</i></p>	<p><i>A. Experience direct patient care supervised by psychiatrists experienced in C-L psychiatry.</i></p> <p><i>B. Perform liaison with interdisciplinary teams involved in the care and management of medical/surgical patients.</i></p> <p><i>C. Participate in a curriculum that includes rounds, case conferences, didactics, seminars, and the annual meeting of the Academy of Psychosomatic Medicine.</i></p> <p><i>D. Develop specific clinical knowledge to include diagnostic skills, use of diagnostic laboratory tests, clinical evaluative techniques, interviewing techniques, and the application of time-limited psychotherapy.</i></p> <p><i>E. Gain an understanding of pharmacology, particularly psychopharmacology, with emphasis on interactions of psychotropic medications with other medications and the effects of non-psychotropic medications on the central nervous system.</i></p> <p><i>F. Gain general knowledge of consultation-liaison psychiatry, as well as clinical expertise in such areas as the treatment and management of geriatric patients, the care and evaluation of ICU and critically ill patients, and the</i></p>

- assessment, understanding, and treatment of complications in patients who are terminally ill.*
- G. Perform the assessment of the psychosocial aspects of illness.*
  - H. Develop teaching skills as a liaison psychiatrist. Specifically, the fellow will learn to teach, by example, the holistic approach to the patient. This, of necessity, includes an awareness of the psychosocial factors in the patient's illness, as well as necessitating a facile working knowledge of medical and surgical entities.*
  - I. Gain a knowledge base in areas at the interface of medicine and psychiatry, thereby providing a rich resource for other physicians through consultation and teaching.*
  - J. Develop a filing system for the literature relevant to the clinical and academic issues of psychosomatic medicine, consultation-liaison psychiatry, and medical practice.*

\* A Faculty Physician, other than another resident or fellow, that is present physically during the key portions of the procedure/surgery or immediately available. The above supervision guidelines are not for billing purposes.